



**2017-2018
ITEMIZED BUDGET JUSTIFICATION**

Name of Applicant(s):
Department Name:
Grant Title:

To ensure that expenditures included in your proposed budget meet JMU guidelines, we ask that you provide full details about those expenditures in each category below. Please be as specific as possible. If you anticipate no expenditures within a specific category you may leave that field blank. Reference the CHBS Guidelines and Spending Regulations by clicking here: [CHBS SPENDING GUIDELINES LINK HERE](#)

1. Salaries/Wages: *(All payroll payments and vouchers must be completed by the May 30, 2018 paycheck) Per Affordable Care Act: Part-time employees are limited to working no more than 29 hours per week on average (a total of 1,500 hours maximum) over the course of the measurement period, May 1 – April 30. Part-time hours are cumulative for all part-time work performed at JMU.*

• Full-Time Personnel (names, time dedicated to project, rate including FICA at 7.65%)		
	Full-Time Personnel Total Request Amount	↪

• Part-time Employees (number of employees, time dedicated to project, hourly rate including FICA at 7.65%)		
	Part-Time Employees Total Request Amount	↪

• Students Undergraduate or Graduate (number of students, time dedicated to project, hourly rate including FICA at 7.65%) <i>Please indicate the student(s)' role with the project. Also indicate if a student might be placed in an administrative or leadership role that would allow him/her to order supplies, hire students or have other authority with the award.</i>		
	Students Undergrad or Grad Total Request Amount	↪

• Human Subjects/Participants (number of subjects, rate of pay if participant compensation is involved) Review IRB Policy #1104 before you begin working with subjects. Please List the approved IRB number here.		
	Human Subjects Participants Total Request Amount	↪

• Consultants or Speakers (number, time dedicated to project, rate of pay)		
	Consultants or Speakers Total Request Amount	↪

2. Equipment and Software: *(justification, product, vendor and cost including shipping): Please note that all equipment and software purchases made with award funds remain the property of CHBS.*

	Equipment & Software Total Request Amount	↪
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3. Travel: All travel must be complete and paid for no later than May 15, 2018. Because we must close out the 2017-2018 budget at that time, we are unable to reimburse for any travel expenses incurred or submitted after that date. Please include the TRAVEL DATES, LOCATION, CONFERENCE NAME (IF APPLICABLE). INCLUDE INFORMATION IF STUDENTS WILL TRAVEL

	Total Travel Request Amount 	
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4. Materials and Supplies: (justification, product, vendor and cost including shipping):

	Materials & Supplies Total Request Amount 	
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5. Other Direct Costs: (justification, type, cost):

	Other Direct Costs Total Request Amount 	
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TOTAL FUNDS REQUESTED (Automatically calculated) 	
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